

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.	101606229	FILING DATE
APPLICANT(S)		

1011105

CLAIMS

1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			3			
TOTAL DEP.			11			
TOTAL CLAIMS			14			

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